

PART B - FEE(S) TRANSMITTAL

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23370 7590 07/31/2006

JOHN S. PRATT, ESQ
 KILPATRICK STOCKTON, LLP
 1100 PEACHTREE STREET
 ATLANTA, GA 30309



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Nancy S. Edwards	(Depositor's name)
<i>Nancy S. Edwards</i>	(Signature)
October 17, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/030,962	01/09/2002	John Kenneth Kirby	46309/268666	2786

TITLE OF INVENTION: LAMINAR MATS AND A METHOD OF PRODUCTION THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	10/31/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS	
NORDMEYER, PATRICIA L	1772	428-131000	10/20/2006 ACURDAF2 00000058 110855 10030962

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Innavisions, Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Great Britain

10/20/2006 ACURDAF2 00000022 10030962

01 FC:2501

700.00 00

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 10

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☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *John K. McDonald*

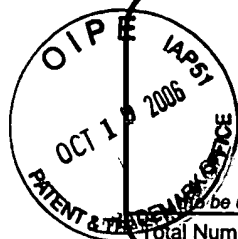
Date October 17, 2006

Typed or printed name John K. McDonald, Ph.D.

Registration No. 42,860

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TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4

Application Number	10/030,962
Filing Date	January 9, 2002
First Named Inventor	Kirby
Art Unit	1772
Examiner Name	Nordmeyer, Patricia L.
Attorney Docket Number	46309-268666

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85 Part B - Fee(s) Transmittal PTO/SB/47; and PTO-2038.
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	John K. McDonald		
Date	October 17, 2006	Reg. No.	42,860

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Nancy S. Edwards	Date	October 17, 2006

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